

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/510482**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
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17						
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19						
20		2				
21	1					
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26						
27	1					
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31						
32						
33						
34	1					
35						
36	1					
37		2				
38	1					
39						
40						
41		3				
42		3				
43		3				
44		3				
45		3				
46	1					
47		1				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS